

PLEASE COMPLETE THIS FORM IN FULL AND RETURN WITH PAYMENT OF FEES TO:

I.C.R. SANITARY DISTRICT

PO Box 2344, Prescott, AZ 86302
Phone 928-445-5606 * Fax 928-445-1830
Website: <http://icrsd.net>

* Required Fields

PROPERTY TRANSFER

*Service/Site Address: _____ * Parcel Number: _____

*Sub Division: Inscription Canyon Ranch Whispering Canyon Talking Rock Preserve at the Ranch Lot No: _____

*Name of Applicant: _____ Expected Closing Date _____

*Name of Owner if Different from Applicant _____

Owner's Billing/Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____ Alternate Phone: _____

Applicant's Signature

Date

FEES: Check the status below that applies to this property: Make all checks payable to ICR Sanitary District.

***Note: One of the boxes below must be checked:**

This is a home with an already existing wastewater service account.
There is a transfer fee of \$35.00. Please submit with this form unless fees have been paid through escrow / title company.

This is vacant land. There is a transfer fee of \$35.00. Please submit with this form unless fees have been paid through escrow / title company.

IMPORTANT NOTICE: Payments are due 30 days after billing. A late charge of \$5, plus finance charges at 10% per annum are added to the past due amount. At 90 days in arrears, A lien may be placed on the property for the total amount due, plus legal fees.

ICR Sanitary District Use Only:

Payment has been received by the above applicant. Check #: _____ Amount: _____ Date: _____